



Queensland University of Technology
Brisbane Australia

This is the author's version of a work that was submitted/accepted for publication in the following source:

[Richards, Kelly, Ellem, Kathy, Grevis-James, Nancy Taita, & Dwyer, Angela](#)

(2017)

Young people with cognitive impairments' interactions with police in Queensland: A report to the Queensland Centre for Social Science Innovation (QCSSI).

This file was downloaded from: <https://eprints.qut.edu.au/109470/>

© Copyright 2017 [please consult the author]

Notice: *Changes introduced as a result of publishing processes such as copy-editing and formatting may not be reflected in this document. For a definitive version of this work, please refer to the published source:*

**Young people with cognitive impairments' interactions with police in Queensland: A
report to the Queensland Centre for Social Science Innovation (QCSSI)**

Dr Kelly Richards (School of Justice, Queensland University of Technology (QUT))

Dr Kathy Ellem (School of Public Health and Social Work, QUT)

Dr Nancy Taita Grevis-James (School of Justice, QUT)

Associate Professor Angela Dwyer (School of Social Sciences, University of Tasmania)

Abstract:

Young people with cognitive impairments (YPWCI) are overrepresented in the criminal justice system. As police are gatekeepers to this system, their interactions with YPWCI are vital to understand. This research begins to address this gap in knowledge by considering the views of both YPWCI who have had contact with the police, and a range of service providers who work with this group. The exploratory study identified a number of key areas for future research. Chief among these is the multiple complex needs of YPWCI who come into contact with the police, and strategies for both minimising and improving this contact to address the overrepresentation of this group.

Funding:

This research was funded via a small grant from the Queensland Centre for Social Science Innovation (QCSSI).

Acknowledgements:

The researchers would like to gratefully acknowledge all service providers and young people who participated in this project, and the research assistance of Justine Hotten and Tiffany Schneider.

Young people with cognitive impairments' interactions with police in Queensland

It has been well-documented that people with cognitive impairments (PWCI) are overrepresented in the criminal justice system (Polloway et al. 2011). While those with severe cognitive impairments are unlikely to be imprisoned as they are often considered to lack the required *mens rea* to be convicted of an offence (Holland et al. 2002), those with mild or moderate impairments have consistently been found to be overrepresented in their contact with police (Eadens et al. 2016; Queensland Advocacy Inc [QAI] 2015), courts (MacGillivray and Baldry 2013; QAI 2015; Simpson 2013) and corrections (Herrington 2009; Polloway et al. 2011; QAI 2015; Simpson 2013). Furthermore, those with “borderline” cognitive impairments have been found to have very high levels of contact with the criminal justice system (Herrington 2009; see also Dowse et al. 2014; Kenny 2012). In particular, young people with cognitive impairments (YPWCI) – especially Indigenous YPWCI (Baldry et al. 2016; Calma 2008; Indig et al. 2011; Kenny 2012) - have disproportionate levels of contact with the police, courts and corrections, as do “non-white” young people in the United States of America (Eadens et al. 2016).

In relation to contact with the police specifically, Baldry et al.’s (2012: 15-16) study of 2,731 individuals who had been incarcerated as an adult in New South Wales found that having any diagnosis (eg mental health or cognitive impairment) is associated with a higher rate of police contact than having no diagnosis. Those with any diagnosis had a median of 35 more police contacts over their lifetime than those with no diagnosis. Those with cognitive disabilities specifically have an average of 80 (median = 70) police contacts over their life time, with a median difference of 21 more police contacts than others in the cohort (a median of 1.7 additional police contacts per year) (Baldry et al. 2012: 16). Individuals with cognitive impairments, mental health disorders and/or histories of drug and/or alcohol misuse had substantial levels of contact with the criminal justice system as young people before “graduating” to the adult criminal justice system (Baldry et al. 2012).

Research shows that police often fail to recognise when individuals have a cognitive impairment. For example, it has been estimated that three-quarters of PWCI who are arrested are not recognised by police as having a disability (Petersilia in Polloway et al. 2011). Police also frequently “misrecognise” cognitive impairments as mental health disorders and/or as related to the misuse of alcohol and/or other drugs (Brown & Kelly 2012; Keilty & Connelly 2001; MacGillivray & Baldry 2013; Parliament of Victoria Law Reform Committee 2013; Villamanta Disability Rights Legal Service 2012).

Terminology

There are numerous and ongoing difficulties associated with defining “intellectual disability” and “cognitive impairment” (Baldry et al. 2016; Dowse et al. 2014; Frize et al. 2008; Hayes 2004; Herrington 2009; Holland et al. 2002; Jones 2007; Simpson 2013), and in particular, difficulties with creating a definition that will be meaningful for both the legal and medical professions (McSherry 1999).

Traditionally, the category “‘intellectual disability”, “cognitive disability” or “learning disability” (typically used in the United Kingdom (Baldry 2014)) referred to those individuals who scored lower than 70 on a standard Intelligence Quotient (IQ) test (Howard et al. 2015; Kenny 2012). According to this model, individuals with an IQ of 70-80 are considered to have a “borderline” intellectual disability, those with an IQ of 50-69 a “mild” intellectual disability, those with an IQ of 35-49 a “moderate” intellectual disability, those with an IQ of 20-34 a “severe” intellectual disability, and those with an IQ lower than 20 a “profound” intellectual disability.

This approach of relying solely on IQ to determine a person’s intellectual (dis)ability has, however, been criticised for failing to recognise varying levels of “social functioning” or “adaptive functioning” - in other words, the ‘conceptual, social and practical skills needed in everyday life’ (Simpson 2013: 21; see also Kenny 2012). As McSherry (1999: 169) claims:

[It is] unsatisfactory to define intellectual disability in terms of intellectual functioning alone. Social criteria also need to be considered as a distinction will often need to be made between those who are able to adapt well to life in the community and those who cannot (see also Simpson 2013).

In this context, definitions of intellectual disability have emerged that take into account both intellectual impairment and adaptive functioning. For example, the World Health Organisation (2016) utilises the following definition of “intellectual disability”:

1. Significantly impaired intellectual ability; and
2. Significantly impaired social functioning; which were both
3. Present from childhood (see also Holland et al. 2002; Howard et al. 2015; Simpson 2013).

This definition has also been criticised, however, for excluding impairments that do not emerge during the developmental period but occur as a result of brain injury, drug and alcohol-related brain damage, or dementias (McSherry 1999; New South Wales Law Reform Commission [NSWLRC] cited in Baldry 2014).

Furthermore, definitions such as those incorporating IQ have been criticised for adhering strictly to the “medical model” of intellectual disability, and minimising the key role that social, structural, attitudinal and environmental factors play in disabling individuals (Baldry 2014). The medical model of disability:

suggests that something is inherently disabling about impairments and that changes to the built environment or societal organization could not give individuals with disabilities the same opportunities as those who are typically functioning. The medical model suggests that problems faced by individuals

with disabilities are independent of wider sociocultural, physical, or political environments (Haegele & Hodge 2016: 195).

In other words, the medical model posits that there is something *inherently* disabling about a physical or mental impairment. In contrast, the “social model” of disability is premised on the belief that it is the social environment that imposes restrictions on people with disabilities. Under the social model, “impairments” and “disabilities” are conceptually distinct. An “impairment” is ‘an abnormality of the body, such as a restriction or malfunction of a limb’ (Haegele & Hodge 2016: 197), whereas “disability” is ‘the disadvantage or restriction of activity caused by a social organization that does not take into account people who have impairments and exclude them from community life’ (Haegele & Hodge 2016: 197; see also Baldry 2014).

The social model is reflected in the United Nations (2008: 1) *Convention on the Rights of Persons with Disabilities* (UNCRPD), which states that ‘disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others’.

Importantly, standard tests and assessment or diagnostic tools may be considered by Indigenous people to be culturally inappropriate and therefore inaccurate (Calma 2008). Indigenous communities may also define intellectual disability differently, and consider relationships and culture to be more central than is the case in Western definitions (Simpson 2013). According to Calma (2008: 4), an Indigenous view of health is holistic, encompassing mental, physical, cultural and spiritual health, and taking into account the impacts of colonisation, such as trauma, grief and the loss of cultural identity. The social model of disability is thus considered to be better able to incorporate the effects of colonisation as disabling influences.

This report utilises the NSWLRC's (cited in Baldry 2014: 373) definition of "cognitive impairment" as:

[an] ongoing impairment in comprehension, reason, adaptive functioning, judgment, learning or memory that is the result of any damage to, dysfunctions, developmental delay or deterioration of the brain or mind. It may arise from but is not limited to intellectual disability, borderline intellectual functioning, dementias, acquired brain injury, drug or alcohol related brain damage and autism spectrum disorders (see also Calma 2008).

In other words, we adopt the social model of disability, and as such conceptualise intellectual or cognitive "impairment" as distinct from "disability".

Police and young people with cognitive impairments

As noted above, YPWCI are overrepresented in the criminal justice system, including in their contact with the police. Limited research has been conducted on PWCI and the police, with less research again focusing specifically on young PWCI. Nonetheless, a number of themes emerge from this body of literature, perhaps principally that interactions between PWCI and police are characterised by misunderstanding, mistrust, misidentification and apprehensiveness.

As gatekeepers to the criminal justice system, police are often relied on by the community to be (and feel that they are) the 'social workers of the streets' (McBrien & Murphy 2006: 142). In the context of responding to PWCI, police are expected to be able to assess the cognitive capacity of every individual they encounter, despite not being qualified or trained (Baldry & Dowse 2013; Henshaw & Thomas 2012; Modell & Mak 2008) to do so. Perhaps unsurprisingly then, police report feeling apprehensive about dealing with PWCI (Eadens et al. 2016; Parliament of Victoria Law Reform Committee 2013).

Research shows that police think they are accurate at identifying PWCI, but are not as competent in this regard as they imagine. As noted above, it has been estimated that three-quarters of PWCI who are arrested are not recognised by police as having an impairment (Petersilia in Polloway et al. 2011). Police frequently do not recognise cognitive impairments, or “misrecognize” these as mental health or drug and alcohol problems (Brown & Kelly 2012; Keilty & Connelly 2001; MacGillivray and Baldry 2013; Parliament of Victoria Law Reform Committee 2013; Villamanta Disability Rights Legal Service 2012). Other research shows that police are incapable of distinguishing among different types of cognitive impairment (Modell & Mak 2008). This may be exacerbated by PWCI attempting to “pass” as not having an impairment (Close & Walker 2010), or adopting ‘other labels such as mental illness to explain the difficulties they may experience’ (Ellem et al. 2012: 56; French 2007). Furthermore, despite feeling confident in their ability to identify PWCI, police nonetheless frequently report a need for more training in this area (Modell & Mak 2008). Baldry et al. (2016) therefore recommend ongoing training for Australian police in recognising, understanding and responding to young people and adults with cognitive impairments.

The limited research also shows that police deal differently with PWCI than others, and are influenced by their attitudes towards this group (French 2007; Modell and Mak 2008), including adhering to myths, such as PWCI as being hypersexual (Keilty & Connelly 2001). Police also consider PWCI to be more dangerous than those without impairments, and judge crimes as more serious if the perpetrator has a cognitive impairment (McAfee et al. cited in McBrien & Murphy 2006; cf McBrien & Murphy 2006). Importantly, studies show that police training can be successful in changing attitudes (Bailey et al. 2001) and imparting knowledge about cognitive impairments (Brown & Kelly 2012).

Very little research has been undertaken that seeks the views of PWCI on their interactions with police. Indeed only one study of this nature, by Howard et al. (2015), could be located. Howard et al (2015) conducted focus groups with nine individuals from a low-secure

forensic intellectual impairment service in the United Kingdom. All had a diagnosed intellectual impairment, and a prior conviction for an offence. The mean age of participants was 35 years. Participants in the study described police (and probation officers) as ‘uncaring, disrespectful, and lacking L[earning] D[isability] awareness’ (Howard et al. 2015: 9). In general terms, Howard et al. (2015: 12) found that:

Participants suffered fear, loneliness and other negative feelings within the system, and lacked emotional support to deal with these. They were unable to understand the system, and had no one to explain it to them, or give them accessible information. They found it difficult to communicate with professionals, and believed staff would be more skilled if they understood L[earning] D[isability] and associated needs.

This resulted in a lack of trust in the police among PWCI, with one participant claiming that ‘I would never trust them [the police], but I would trust them if they understood learning disabilities’ (in Howard et al. 2015: 9).

Methodology

The current study involved exploratory research on YPWCI’s interactions with the police in Queensland. Exploratory research, which is often used when little has previously been documented about a topic, aims to ‘uncover new and potentially important crime and justice phenomena and to formulate more precise questions that future research can answer’ (Kraska & Neuman 2012: 20). As is often the case with exploratory research, the study was qualitative in nature, and thus concerned with exploring the views, opinions and understandings of participants rather than quantifying the phenomenon of YPWCI’s contact with police (Weber in Bayens & Roberson 2011: 24).

Sampling and recruitment

The participation of three groups was sought to explore interactions between YPWCI and the police in Queensland: 1) members of the Queensland Police Service (QPS) who recently had contact with YPWCI; 2) service providers who work with YPWCI who have contact with the police; and 3) YPWCI who have experienced contact with the police in Queensland.

1) Members of the QPS

Despite the support of the Senior Sergeant in charge of the Community Contact Command, which oversees matters relating to PWCI within the QPS, our request to access members of the QPS as participants in the study was denied by QPS due to the qualitative nature of the research.

2) Service providers who work with YPWCI who have contact with the police

A non-probability approach to sampling was used to identify and recruit service providers into the research. In contrast to probability sampling, non-probability sampling techniques do not involve the random selection of participants from a known sampling frame (Bachman & Schutt 2012; Bayens & Roberson 2011). Specifically, a purposive sampling approach was used, whereby organisations that the researchers believed could provide an insight into the issue were approached to take part.

To this end, service providers (n = 21) who work with YPWCI who have contact with the police were recruited via a number of avenues:

- Organisations with which members of the research team had an existing relationship were approached to take part;
- An internet search was undertaken to identify relevant services (eg legal, disability, youth services), which were then also approached to take part;

- Members of the research spoke at an interagency disability event about the research and distributed the research materials to recruit interested and relevant organisations;
- Members of the research team also attended and participated in a small number of relevant community events and informally discussed the research with attendees from various agencies; and
- A peak agency for youth affairs included information about the research on a regular email listserv.

In addition, a “snowball sampling” approach was used, whereby individuals interviewed for the study also provided information about other organisations that might be able to participate in the research. As it has been well-documented that young people from diverse cultural backgrounds, lesbian, gay, bisexual and transgender (LGBT) young people and Indigenous young people are overrepresented in their contact with the police (see generally Cunneen et al. 2015), every effort was made to include organisations that provide services to diverse groups of young people in the research. Furthermore, disability organisations that work with individuals with diverse impairments (eg acquired brain injury, congenital intellectual impairments) were approached to participate.

Email contact was made with every agency deemed broadly relevant, to introduce the research. Follow-up telephone calls were also made by members of the research team to provide potential participants with further information about the research, answer questions about the research, and determine whether organisations were willing and able to be involved.

In total, 21 individuals from 12 service provider organisations in South-east Queensland, and one service provider from one organisation in regional Queensland were interviewed (total n = 21). The organisations can be broadly categorised as: legal services, including youth legal services; other youth services; disability support services; and disability employment services. As there is no agency that provides services specifically to YPWCI in contact with

the police in the South-east Queensland area, this group was not the primary service provision focus of any of the agencies that participated in the research. Instead, YPWCI typically comprised only a minority of an agency's client group, and those who had experienced contact with the police a minority within this group again. Thus service provider participants typically reflected on only small numbers of YPWCI within their larger client groups.

Service providers were asked a loosely-structured series of questions about the contact of YPWCI's contact with the police. Interviewees were asked to reflect on how contact with police had occurred for the YPWCI to whom they provide services, what the positive and negative aspects of this contact had been, and whether and how they believed having a cognitive impairment impacted young people's interactions with police. As service providers were commonly reflecting on a small number of YPWCI (as discussed above), however, interviews often centred on a small number of case studies of YPWCI from each service provision agency.

Interviews with service providers lasted approximately one hour. The interviews were transcribed verbatim in most cases; in a small number of cases, participants did not wish to be audio-recorded. In these cases, the researcher(s) took handwritten notes of the interview.

3) Young people with cognitive impairments who have experienced contact with the police in Queensland

As no previous research has considered the views of YPWCI in relation to their interactions with police, this study sought to interview members of this group. A non-probability sampling approach was again used. Specifically, YPWCI (n = 3) were recruited into the study

via nongovernment organisations with which the research team made contact during the research. To be eligible to participate, individuals were required to meet four criteria:

1. Be aged 15 to 20 years (in order to satisfy ethical requirements);
2. Have an intellectual impairment, and understand (ie self-identify) that they have an intellectual impairment;
3. Have had adversarial contact with the police in the past; and
4. Be willing and able to participate in a semi-structured qualitative, face-to-face interview.

Two of the YPWCI who participated in the research were males (aged 18 and 19); the remaining participant was a female (aged 19).

Following Ellem et al. (2012), potential participants in this phase of the research were initially approached by a staff member from a nongovernment organisation (eg youth, legal or disability service) from which they were receiving services. As members of the research team are not qualified to assess whether a young person has a cognitive impairment, this screening process was undertaken by the service provider organisations. In all three cases, the young people who volunteered to participate had been diagnosed with an intellectual impairment as a requirement of receiving services from the organisation who recruited them into the study. All YPWCI who participated had the option of having a support person present during the interview. All three opted to have a support person (from the referring agency) present.

In addition to a series of questions about school, family and employment, designed both to build rapport with the young person and obtain some general contextual information, YPWCI were asked a series of loosely-structured open-ended questions about their contact with police. For example, they were asked 'Tell us about the contact that you have had with the police'; 'Tell us about what the experiences were like for you'; 'Can you understand the

police when they talk to you?'; and 'Can the police understand you'? As the young people interviewed did not disclose having an intellectual impairment to the researchers, we were unable to ask whether and how the young people felt that having a cognitive impairment had shaped their interactions with police. As a result, we instead asked the young people 'How do you think the police should treat someone with a disability?' and 'What would you tell someone/what advice would you give someone with a disability who gets in trouble with the police'? This approach enabled the young interviewees to reflect on the experiences of PWCI without discussing their own impairment(s) with the researchers.

All YPWCI requested not to have their interview audio-recorded, and as a result the researcher(s) took handwritten notes of the interviews. Interviews with YPWCI lasted approximately 30 minutes each.

Data analysis

All interview transcripts and notes from interviews were imported into qualitative data analysis software program NVIVO for coding prior to data analysis. Prior to coding, the data were read through by the first author in order for a process of familiarisation to occur. As Caulfield and Hill (2014) claim, this process is vital when thematic analysis is being undertaken, in order to avoid a superficial analysis. A process of open coding was then undertaken. Open coding involves undertaking a detailed reading(s) of the data and allowing new (ie not pre-determined) themes to emerge (Strauss & Corbin 1998).

A thematic analysis, involving 'identifying, analysing and reporting patterns (themes) within data' (Braun & Clark 2006: 79; Grbich 2013) was then undertaken by the first author. Thematic analysis is appropriate for research projects that aim to 'explore the views, perceptions and/or experiences of groups or individuals, and any differences or similarities in these' (Caulfield & Hill 2014: 183).

Ethics

Due to disadvantage and vulnerability faced by those with a cognitive impairment in contact with the criminal justice system, 'care must be taken not to further harm this group through the research process' (Ellem et al. 2008: 497). Numerous interconnected ethical issues needed to be addressed in order for the research to proceed, perhaps most importantly, ensuring the informed consent of participants. As Ellem et al. (2008: 499) argue, when seeking to include PWCI in research projects, '[participants may] fail to fully comprehend the possible implications associated with participation'.

A number of measures were developed to ensure the informed consent of YPWCI, as follows:

- A user-friendly Participant Information Sheet, based on Ellem (2010) was designed to outline all aspects of the research in easy-to-understand yet not condescending language (see attached);
- Service providers were asked to speak with YPWCI who may be eligible and willing to participate about the research and what participation would involve prior to the interview being arranged; and
- The researchers also informed the YPWCI that their participation was voluntary prior to commencing the interviews.

Approval to undertake the research was obtained through QUT's Human Research Ethics Committee (HREC) (approval #1400000443).

Key findings

A number of key findings emerged from this exploratory research with service providers and young people, which will form the basis for future research in this area.

Co- and multi-morbidity

In line with existing quantitative research that shows that PWCI in the criminal justice system often experience multiple disadvantages or marginalities (Baldry 2014; Baldry & Dowse 2013; Baldry et al. 2013; MacGillivray & Baldry 2013), the current study highlights that in addition to having cognitive impairment(s), YPWCI in contact with police frequently experience complex needs. Service providers described their clients' contact with police as stemming from complex constellations of disadvantage and marginalisation, and as having lives characterised by the problems associated with poor mental health, alcohol and drug misuse, victimisation, homelessness and unstable accommodation, educational and employment exclusion, family dysfunction, and residential care. For example, interviewees described their clients in the following terms:

They're from low socioeconomics, so their education level is low....they've been diagnosed with an intellectual disability....Their families are in and out of the system....[and have]....alcoholism and they've been done for drugs (Interviewee 5).

Another young person who was under 18 had the schizophrenia and the autism and oh, who knows what else...? Lives on the streets...Indigenous as well....he identifies as gay (Interviewee 7).

[We see] the same sort of combinations of the same characteristics across all, many of the young people. So, in particular in [residential] care, um, disability, mental health, Aboriginal (Interviewee 6).

As interviewee 20 explained, psychosocial disadvantages are deeply interconnected, with, for example, the poor educational experiences often experienced by YPWCI leading to anxiety about schooling and thus mental health difficulties, and this in turn leading to substance abuse as a coping mechanism.

Others identified YPWCI who are Indigenous and/or lesbian, gay, bisexual or transgender (LGBT) as particularly vulnerable to psychosocial disadvantage, and thus to contact with the police. Interviewee 8 described LGBT YPWCI – those who have “gender identity issues” or who are “gender queer or fluid” – as experiencing higher co-morbidity, and believed that the psychosocial disadvantage faced by YPWCI is amplified for LGBT young people due to the prejudice and discrimination experienced by this group. The clearest support of the psychosocial disadvantage thesis was articulated by interviewees 13 and 14, who in their joint interview stated that CIs in and of themselves would not bring a young person into contact with the police, but rather that young people’s social circumstances (such as low socioeconomic status and unhealthy relationships with persons known to the police) would be likely to do so. Similarly, interviewee 20 stated that “[people with CI] will experience maybe two to three crises in the lifetime, you know, the death of a close friend, a parent, a partner, but when you talk about people with disabilities, from a young age...they deal with extraordinary amounts of crises”.

Being visible to police

Both the YPWCI and service providers interviewed for the current research noted the disadvantages of being known to police. As one YPWCI put it:

I am picked on by police in some suburbs more than others. The suburbs where I get picked on are Northgate, Caboolture, and Bribie Island. At Bribie there are only 10 police officers and they have all seen me before. The police at Toombul keep looking at me when my friends and I go past.

Service providers from a youth agency likewise identified that the young people with complex needs, including cognitive impairment, with whom they work are highly visible to police, often as a result of experiencing numerous intersecting disadvantages. In the following interview extract, interviewee 2 describes the visibility of one young man with a cognitive impairment to police:

He's got really heavy police involvement....he identifies intermittently as transgender, as well. And he's very extraverted and very flamboyant, so he's quite an easy target, um, on the streets, um and because he's very volatile, so he's also got the acquired brain injury....he's really flamboyant and he's really loud, and also with his disability, that also, he really doesn't have much of a filter so it doesn't take much to set him off and he'll be quite....I wouldn't say that he's ever, he's never really been violent, we've never really witnessed him be violent, but his, like, he's very loud.

For a small number of interviewees, YPWCI's increased likelihood of police contact was due to the visibility brought about by their seemingly unusual (but not criminal) behaviour. Interviewees 13 and 14 claimed that behaviours and mannerisms such as speaking very loudly, failing to recognise the personal space of others, and having physical and/or verbal 'ticks' can all draw the attention of police. Another service provider explained YPWCI's contact with the police as being the result of these young people being:

not as acceptable on some level...It's their comprehension of what's okay and what's not, and their actions towards people in public...It's their disability that puts them in a vulnerable place (Interviewee 21).

These themes, while preliminary, raise important areas for future research. They provide an important complement to the existing quantitative research as they begin to address the gap of the lived experiences of both YPWCI and the service providers who work directly with them.

Conclusion

YPWCI are overrepresented in the criminal justice system. As police are gatekeepers to this system, their interactions with YPWCI are vital to understand. This research begins to address this gap in knowledge by considering the views of both YPWCI who have had contact with the police, and a range of service providers who work with this group.

Key areas for future research that have emerged from this exploratory study include examining the multiple complex needs of YPWCI who come into contact with the police, and considering strategies for both minimising and improving this contact to address the overrepresentation of this group.

References

- Bachmann R & Schutt R 2012. *Fundamentals of research in criminology and criminal justice, Second edition*. Thousand Oaks: Sage
- Bailey A, Barr O & Bunting B 2001. Police attitudes toward people with intellectual disability: An evaluation of awareness training. *Journal of Intellectual Disability Research* 45(4): 344-350
- Baldry E 2014. Disability at the margins: Limits of the law. *Griffith Law Review* 23(3): 370-388
- Baldry E, Clarence M, Dowse L & Troller J 2013. Reducing vulnerability to harm in adults with cognitive disabilities in the Australian criminal justice system. *Journal of Policy and Practice in Intellectual Disabilities* 10(3): 222-229
- Baldry E & Dowse L 2013. Compounding mental and cognitive disability and disadvantage: Police as care managers. In Chappell D (ed) *Policing and the mentally ill: International perspectives*, London: CRC Press: 219-234
- Baldry E, Dowse L & Clarence M 2012. *People with intellectual and other cognitive disability in the criminal justice system*. Sydney: University of New South Wales
- Baldry E, McCausland R, Dowse L, McEntyre E & MacGillivray P 2016. 'It's just a big vicious cycle that swallows them up': Indigenous people with mental and cognitive disabilities in the criminal justice system. *Indigenous Law Bulletin* 8(22): 10-16
- Bayens G & Roberson C 2011. *Criminal justice research methods: Theory and practice, Second edition*. Boca Raton: Taylor & Francis
- Braun V & Clarke V 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2): 77-101
- Brown S & Kelly G 2012. *Issues and inequities facing people with acquired brain injury in the criminal justice system*. Melbourne: Victorian Coalition of ABI Service Providers Inc
- Calma T 2008. *Preventing crime and promoting rights for Indigenous young people with cognitive disabilities and mental health issues*. Sydney: Australian Human Rights Commission
- Caulfield L & Hill J 2014. *Criminological research for beginners: A student's guide*. London: Routledge
- Close D & Walker H 2010. Navigating the criminal justice system for youth and adults with developmental disabilities: Role of the Forensic Special Educator. *Journal of Behavior Analysis of Offender and Victim: Treatment and Prevention* 2(2): 74-103
- Cunneen C, White R & Richards K 2015. *Juvenile justice: Youth and crime in Australia, Fifth edition*. Melbourne: Oxford University Press

- Dowse L, Cumming L, Strnadová I, Jung-Sook L & Trofimovs J 2014. Young people with complex needs in the criminal justice system. *Research and Practice in Intellectual and Developmental Disabilities* 1(2): 174-185
- Eadens D, Cranston-Gingras A, Dupoux E & Eadens D 2016. Police officer perspectives on intellectual disability. *Policing: An International Journal of Police Strategies & Management* 39(1): 222-235
- Ellem K. 2010. *Life stories of ex-prisoners with intellectual disability in Queensland*. Unpublished PhD thesis. Brisbane: University of Queensland
- Ellem K, Wilson J, O'Connor J & MacDonald S 2012. Supporting young people with mild/borderline intellectual disability exiting state out-of-home care: Directions for practice. *Developing Practice* 32:55-65
- Ellem K, Wilson J, Chui W & Knox M 2008. Ethical challenges of life story research with ex-prisoners with intellectual disability. *Disability & Society* 23(5): 497-509
- French P 2007. *Disabled justice: The barriers to justice for persons with disability in Queensland*. Brisbane: Queensland Advocacy Inc
- Frize M, Kenny D & Lennings C 2008. The relationship between intellectual disability, Indigenous status and risk of reoffending in juvenile offenders on community order. *Journal of Intellectual Disability Research* 52(6): 510-519
- Grbich C 2013. *Qualitative data analysis: An introduction. 2nd Edition*. Los Angeles: Sage
- Haegele J & Hodge S 2016. Disability discourse: Overview and critiques of the medical and social models. *Quest* 68(2): 193-206
- Hayes S 2004. Interaction with the criminal justice system. In Emerson E, Hatton C, Thompson T & Parmenter T (eds) *The International Handbook of Applied Research in Intellectual Disabilities*. Chichester: John Wiley & Sons: 479-494
- Henshaw M & Thomas S 2012. Police encounters with people with intellectual disability: Prevalence, characteristics and challenges. *Journal of Intellectual Disability Research* 56(6): 620-631
- Herrington V 2009. Assessing the prevalence of intellectual disability among young male prisoners. *Journal of Intellectual Disability Research* 53(5): 397-410
- Holland T, Clare I & Mukhopadhyay T 2002. Prevalence of 'criminal offending' by men and women with intellectual disability and the characteristics of 'offenders': Implications for research and service development. *Journal of Intellectual Disability Research* 46(1): 6-20
- Howard R, Phipps E, Clarbour J & Raynor K 2015. "I'd trust them if they understood learning disabilities": Support needs of people with learning disabilities in the criminal justice system. *Journal of Intellectual Disabilities and Offending Behaviour* 6(1): 4-14

- Jones J 2007. Persons with intellectual disabilities in the criminal justice system: Review of Issues. *International Journal of Offender Therapy and Comparative Criminology* 51(6): 723-733
- Keilty J & Connelly G 2001. Making a statement: An exploratory study of barriers facing women with an intellectual disability when making a statement about sexual assault to police. *Disability & Society* 16(2): 273-291
- Kenny D 2012. Young offenders with an intellectual disability in the criminal justice system. *Judicial Officers' Bulletin* 24(5): 35-39
- Kraska P and Neuman W 2011. *Essential criminal justice and criminology research methods*. Boston: Pearson
- MacGillivray P & Baldry E 2013. Indigenous Australians, mental and cognitive impairment and the criminal justice system. *Indigenous Law Bulletin* 8(9): 22-26
- McBrien J & Murphy G 2006. Police and carers' views on reporting alleged offences by people with intellectual disabilities. *Psychology, Crime & Law* 12(2): 127-144
- McSherry B 1999. A review of the New South Wales Law Reform Commission's report People with an intellectual disability and the criminal justice system. *Monash University Law Review* 25(1): 166-180
- Modell S & Mak S 2008. A preliminary assessment of police officers' knowledge and perceptions of persons with disabilities. *Intellectual and Developmental Disabilities* 46(3): 183-189
- Parliament of Victoria Law Reform Committee 2013. *Inquiry into access to and interaction with the justice system by people with an intellectual disability and their families and carers*. Melbourne: Parliament of Victoria
- Polloway E, Patton J, Smith T, Beyer J & Bailey J 2011. Special challenges for persons with disabilities in the criminal justice system: Introduction to the Special Issue. *Exceptionality: A Special Education Journal* 19(4): 211-218
- Queensland Advocacy Inc 2015. *dis-Abled justice: Reforms to justice for persons with disability in Queensland*. Brisbane: QAI
- Simpson J 2013. *Participants or just policed? Guide to the role of DisabilityCare Australia with people with intellectual disability who have contact with the criminal justice system*. Sydney: NSW Council for Intellectual Disability
- Strauss A & Corbin J 1998. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. London: SAGE
- United Nations 2008. *Convention on the Rights of Persons with Disabilities*. Geneva: United Nations
- Villamanta Disability Rights Legal Service 2012. *People who have an intellectual disability and the criminal justice system: A guide and educational tool for people working in the*

criminal justice system: Judges, magistrates, court staff, lawyers, advocates, police and corrections workers. Melbourne: Villamanta Disability Rights Legal Service

World Health Organisation 2016. *International standard classification of diseases and related health problems 10th revision.* Geneva: WHO

Appendix 1: Participant Information Sheet

“Young people with intellectual/learning disabilities and the police” research project

Hello. We are Kelly Richards and Kathy Ellem from Queensland
University of Technology. We work as teachers at the university in
justice studies and social work.



We are doing research on young people with intellectual or learning
disabilities and their experiences with police.



“Young people with intellectual/learning disabilities and the police” research project

We need to know about the experiences of young people with intellectual or learning disabilities with the police so we can find ways of making these experiences better.

We would like to talk to you if you:

1. Are 15 years to 20 years old;
2. Have been in trouble with police; **and**
3. Have an intellectual or learning disability.



If I want to find out more about this research

I can meet Kelly or Kathy

- I can choose the place where we meet
- I can choose my home or we can meet somewhere else
- The researchers will tell me about the research
- I can ask them any questions I have
- I need to bring a support person if I am under 18 years old. This

can be any adult I trust, such as a family member or someone

else I trust

I can choose if I want to be in the research.

What will happen if I want to be in the research?

I will meet the researchers to talk

- We will meet once
- We will meet at my home or somewhere else that I choose
- We will meet and talk for about 30 minutes or until I want to stop
- The researchers will give me a double movie pass at the beginning of our talk

The researchers will talk to me about:

- What I think about the police
- How I find out information about the police
- Times when I have been in trouble with police
- What I think police can do better

Telling my story can help Kelly and Kathy learn how to make it better for young people who have been in trouble with the police. They will write my story down.

If I say it's OK, they will use a voice recorder to record what I say. This will help them remember what we talk about.



If I say no, they won't record what I say.
This is my choice.

The researchers will keep what I say private.

They will write things down to help remember what I say.

They will not use my real name when they write about their work.

They will not use the names of any people or services I talk about.

The researchers will keep their notes and voice recorder in a locked filing cabinet in their office. Only they will have the key. My name will not be on these notes.



Kelly and Kathy will tell other people what they have learned about young people and the police.

- They will talk about the research at conferences.
- They will write about the research in articles.
- But they will not use my real name when they talk or write about the research.

I can phone Kelly on (07) 31387125 to talk about my part in this research.



If I am not happy with the way Kelly and Kathy are doing their research work I can phone the University on 31385123 and talk to the Ethics Officer or email ethicscontact@qut.edu.au.

Or I can ask my family or a support person to do this for me.



If I change my mind I can stop being in this research at any time.

The researchers will tear up their notes and erase the voice recordings of our talks. They will not keep any information about me.

No one will know what we talked about.